May 29 07 03:08p Alysia

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Jun 25, 2007 8:00 am
Secretary of State

04-30-2007 90075 016 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/20

30011167

DOCUMENT # L06000085136

1. Entity Name
MOUNT VERNON DONUTS HOLDINGS, LLC

Principal Place of Business	Mailing Address
140 SW CHAMBER COURT 200 PORT ST. LUCIE, FL 34986	140 SW CHAMBER COURT 200 PORT ST. LUCIE, FL 34986

03272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 205472066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, ARI N
3351 NW BOCA RATON BLVD.
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CASKARIS, JAMES 1509 JOHNSON FERRY ROAD, SUITE T4 MARRIETTA, GA 30062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1050 Cambridge Square, Ste. A Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR IOANNIDES, TIM 140 SW CHAMBER COURT, #200 PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____________________ 4/26/07 954-345-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #